

<h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="font-size: small; margin-top: 10px;">(to be used for all correspondence after initial filing)</p>	Application Number	10/661,165	
	Filing Date	September 11, 2003	
	First Named Inventor	Ravinder S. DHALLAN	
	Art Unit	1634	
	Examiner Name	E. Whisenant	
Total Number of Pages in This Submission	13	Attorney Docket Number	543312000420

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="font-size: x-small; margin-top: 5px;"> 1. Communication Regarding Supplemental Information Disclosure Statement filed August 20, 2007 (2 pages) 2. Copy of Supplemental Information Disclosure Statement faxed on August 20, 2007 (8 pages) 3. Auto-Reply Facsimile Transmission from the U.S. Patent and Trademark Office dated August 20, 2007 (1 page) </div>
<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px; float: left; padding: 2px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature	/Alicia J. Hager/		
Printed name	Alicia J. Hager		
Date	October 19, 2007	Reg. No.	44,140

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Ravinder S. DHALLAN

Application No.: 10/661,165

Confirmation No.: 7501

Filed: September 11, 2003

Art Unit: 1634

For: METHODS FOR DETECTION OF
GENETIC DISORDERS

Examiner: E. Whisenant

**COMMUNICATION REGARDING
SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT
FILED AUGUST 20, 2007**

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

On August 20, 2007, we fax-filed a Supplemental Information Disclosure Statement with the U.S. Patent and Trademark Office (PTO) and received an Auto-Reply Facsimile Transmission from the PTO indicating receipt of same for the above-referenced patent application. The Notice of Allowance for this application was mailed on September 26, 2007, but did not include an Examiner initialled PTO/SB/08a/b for the Supplemental Information Disclosure Statement filed on August 20, 2007. We have checked Private PAIR and this Supplemental Information Disclosure Statement does not appear of record. Examiner Whisenant confirmed by voicemail on October 15, 2007, that this Supplemental Information Disclosure Statement has not been entered and would need to be refiled in order to be considered.

Therefore, submitted herewith are copies of the originally fax-filed Supplemental Information Disclosure Statement, as well as confirmation from our facsimile machine and the PTO's confirmation that this fax was received.

Applicant would appreciate the Examiner initialling and returning the Form PTO/SB/08a/b, indicating that the information has been considered and made of record herein.

In the unlikely event that the transmittal form is separated from this document and the Patent and Trademark Office determines that an extension and/or other relief (such as payment of a fee under 37 C.F.R. § 1.17 (p)) is required, Applicant petitions for any required relief including extensions of time and authorizes the Commissioner to charge the cost of such petition and/or other fees due in connection with the filing of this document to **Deposit Account No. 03-1952** referencing 543312000420.

Dated: October 19, 2007

Respectfully submitted,

Electronic signature: /Alicia J. Hager/
Alicia J. Hager

Registration No.: 44,140
MORRISON & FOERSTER LLP
755 Page Mill Road
Palo Alto, California 94304-1018
(650) 813-4296

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Mail Stop Amendment Commissioner for Patents U.S. Patent and Trademark Office	571-273-8300	571-272-0754

FROM: Alicia J. Hagar

DATE: August 20, 2007

Number of pages: 8
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Preparer of this slip has confirmed that facsimile number given is correct: 1882/sayv

Comments:

Attorney Docket No.: 543312000420
App Unit Amt: 1634
Examiner: E. Whisenand
Application No.: 11/661,165
Filed: September 11, 2003
Inventor: Ravinder S. DHALLAN
Title: METHODS FOR DETECTION OF GENETIC DISORDERS

Papers attached:

1. Transmittal (1 page)
2. Fee Transmittal plus duplicate for fee processing (2 pages)
3. Supplemental Information Disclosure Statement (3 pages)
4. Form PTO/NB/D/b/w (1 page)

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DATE: August 20, 2007

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Comments:

Attorney Docket No.: 543312000420
 Group Art Unit: 1634
 Examiner: E. Whisenant
 Application No.: 11/661,165
 Filed: September 11, 2003
 Inventor: Ravinder S. DHALLAN
 Title: METHODS FOR DETECTION OF GENETIC DISORDERS

Papers attached:

1. Transmittal (1 page)
2. Fee Transmittal plus duplicate for fee processing (2 pages)
3. Supplemental Information Disclosure Statement (3 pages)

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Comments:

Attorney Docket No.: 543312000420
Group Art Unit: 1634
Examiner: E. Whisenant
Application No.: 11/661,165
Filed: September 11, 2003
Inventor: Ravinder S. DHALLAN
Title: METHODS FOR DETECTION OF GENETIC DISORDERS

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	Examiner Name	E. Whisenant	
Total Number of Pages in This Submission	7	Attorney Docket Number	543312000420

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<div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 10px;"></div> Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	Alicia J. Hager		
Date	August 20, 2007	Reg. No.	44,140

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Dated: August 20, 2007	Signature: (Sandy Yi)

Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).		Complete if Known	
<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">For FY 2007</h2>		Application Number	10/661,165
		Filing Date	September 11, 2003
		First Named Inventor	Ravinder S. DHALLAN
		Examiner Name	E. Whisenant
		Art Unit	1634
		Attorney Docket No.	543312000420
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	180.00	

METHOD OF PAYMENT (check all that apply)

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 ☐ Other (please identify): _____

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 Deposit Account Name: Morrison & Foerster LLP

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 ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
180	- 336 = 0	x 25.00 =	0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 9 = 0	x 100.00 =	0.00

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
180.00	0.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x	125.00 =	0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00

SUBMITTED BY

Signature	Registration No. (Attorney/Agent)	44,140	Telephone	(650) 813-4296
Name (Print/Type)	Alicia J. Hager		Date	August 20, 2007

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FEE TRANSMITTAL **For FY 2007**

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
 180.00

Complete if Known

Application Number 10/661,165
 Filing Date September 11, 2003
 First Named Inventor Ravinder S. DHALLAN
 Examiner Name E. Whisenant
 Art Unit 1634
 Attorney Docket No. 543312000420

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☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

2. EXCESS CLAIM FEES

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Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
 4 - 9 = 0 x 100.00 = 0.00

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims
 Fee (\$) Fee Paid (\$)
 180.00 0.00

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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
 - 100 = 150 = (round up to a whole number) x 125.00 = 0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00

SUBMITTED BY

Signature: [Signature] Registration No. 44,140 Telephone (650) 813-4296
 Name (Print/Type) Alicia J. Hager Date August 20, 2007